890 S.W. 87 AVENUE, SUITE: 16 Address MIAMI, FLORIDA 33174 (305)552-5973 City/State/Zip Phone # Office Use Only LOCAL REPRESENTATIVE TALLAHASSEE CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. A 1 OFFICE SUPPLY INC. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) 97 APR -8 PN 4: 12 ☐ Certificate of Status ☐ Cartificate of Status (Corporation Name) (Document #) Pick up time 2,00 Walk in Photocopy Mail out Will wait AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent RECEIVED 97 APR -4 AH 10:37 DIVISION OF CORPORATION **Domestication** Dissolution/Withdrawal Other Merger REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

W97-7922 K.R. APR - 4 1997

Examiner's Initials

CR2E031(1/95)

Other



RECEIVED

FLORIDA DEPARTMENT OF STATE 97 APR -8 PM 3:01

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATION

April 4, 1997

LAZARUS CORPORATE INDUSTRIES, INC. 890 S.W. 87TH AVENUE SUITE 16 MIAMI, FL 33174

SUBJECT: A 1 OFFICE SUPPLY INC.

Ref. Number: W97000007922

We have received your document for A 1 OFFICE SUPPLY INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 697A00017118

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Fluida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BIG 1 OFFICE SUPPLY INC.

97 APR -8 PH 4: 12
SECRETURY OF STATE
TALLAHASSEE FLORID.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7400 Red Road #4 Miami FL 33143

ANTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: Jose A. EFFIO 7400 RED ROAD #4 MIAMI FL. 33143

Prepared by: JOSE A. EFFIO
7400 RED ROAD #4
MIAMI FL. 33143



The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

JOSE A. EFFIO 7400 RED ROAD #4 MIAMI FL. 33143

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

JOSE A. EFFIO 7400 RED ROAD #4 MIAMI FL. 33143

The undersigned	l Incorporator(s)) has(have) ex	ecuted these Articles of Incorporation this
27	day of	MARCH	
		708E	Signature Signature
			Signature
			Signature
	·		Signatura

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1.	The name of the corporation is: _BIG 1 OFFICE SUPPLY INC.							
2.	The name and address of the registered agent and office is:			·				
	JOSE A. EFFIO.							
	(NAME)	SEU	97 A					
	7400 RED ROAD #4	RETARY AHASSE	APR -	B []				
	(P.O. BOX <u>NOT</u> ACCEPTABLE)	4 148 40 A	B PM					
	MIAMI FL. 33143	1.07.1 IVI S	1:4:1	777				
	(CITY/STATE/ZIP)	- 277	10	<u> </u>				

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE F'ERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE JOSE A OFFICE DATE 04-02-97